



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

2021 DELEGATE SCHOLARSHIP

SOCIAL SECURITY NUMBER (LAST FOUR DIGITS): _____ DATE OF BIRTH: _____

LAST NAME: _____ FIRST NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: MARYLAND ZIP CODE: _____

TELEPHONE NUMBER: (____) ____ - ____ EMAIL ADDRESS: _____

U.S. CITIZEN: _____ OR PERMANENT RESIDENCY CARD HOLDER: _____

NAME OF COLLEGE/UNIVERSITY YOU ATTEND/WILL ATTEND:

NAME OF MAJOR (IF DECIDED):

WHICH SEMESTER WILL YOU BE ATTENDING? (PLEASE CHECK ONE)

FALL ONLY

SPRING ONLY

ACADEMIC YEAR

PLEASE CHECK NEXT TO WHICHEVER APPLIES TO YOU:

UNDERGRADUATE (2 OR 4 YEAR)

- FULL TIME (12+ CREDITS PER SEMESTER)
 PART TIME (6-11 CREDITS PER SEMESTER)

GRADUATE

- FULL TIME (9+ CREDITS PER SEMESTER)
 PART TIME (6-8 CREDITS PER SEMESTER)

PROFESSIONAL CAREER SCHOOL

- FULL TIME (9+ CREDITS PER SEMESTER)
 PART TIME (6-8 CREDITS PER SEMESTER)